

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3182

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 318   |  | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. 99   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>   |  | c. LENGTH OF STAY (in this place) <u>37 yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>  |  | 3. 219   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>2718 1/2 Hickson St</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Mattie</u>   |  | b. (Middle) _____  |  | c. (Last) <u>Wynn</u>  |  |
| 4. DATE OF DEATH  |  | (Month) <u>Jan.</u>  |  | (Day) <u>1</u>   |  | (Year) <u>1950</u>   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>Negro</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>4.15.1882</u>  |  |
| 9. AGE (in years last birthday) <u>67</u>   |  | IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>   |  | IF UNDER 4 HRS. Hours _____ Min. _____   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>   |  | 12. CITIZEN OF WHAT COUNTRY? _____   |  |
| 13a. FATHER'S NAME <u>Frank Gibson</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Hella Boyd</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Albert Wynn</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert Wynn</u> ADDRESS <u>2718 1/2 Hickson</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Gangrene of left Foot</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Diabetes Mellitus</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Embolism</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>                                   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <u>61</u> (STATE) _____  |  |  |  |
| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____   |  | 21e. INJURY-OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <u>2nd OK</u>   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>11-22</u> , 19 <u>49</u> , to <u>1-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>49</u> , and that death occurred at <u>7:45a</u> m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23. SIGNATURE <u>Montague Lawrence</u> (Degree or title) <u>M. D.</u>   |  | 23b. ADDRESS <u>2601 N Whittier St</u>   |  | 23c. DATE SIGNED <u>1-3-50</u>   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>1-7-1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>  |  | 24d. LOCATION (City, town, or county) <u>St. Louis</u> (State) <u>Mo</u>         |  |
| DATE REC'D BY LOCAL REG. <u>JAN 5 1950</u>  |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkins Bros</u> ADDRESS <u>3644 Finney Ave</u>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles Y. [Signature]*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.